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PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032

FEE TRANSMITTAL for FY 2003		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/508254
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	October 2, 2000
410.00		First Named Inventor	Marc F. Charette
		Examiner Name	R. Deberry
		Group Art Unit	1647
		Attorney Docket No.	CIBT-P01-558
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number		Large Entity Small Entity	
18-1945		Fee Code Fee (\$)	
Deposit Account Name		Fee Description	
Ropes & Gray		Fee Paid	
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		410.00	
0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims ** =			
Independent Claims ** =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		410.00	
0.00			
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Yu Lu		Registration No. (Attorney/Agent) 50,306	
Signature		Telephone (617) 951-7268	
		Date April 8, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: 4/8/03 Signature: Joanne Ryan (Joanne Ryan)